

BLOCK APPROVAL FORM - 2012

Please tick **ONE** box only in each section

Please return to your child's **CLASS TEACHER** as soon as possible

STUDENT's NAME: _____ **CLASS:** _____

SUNSCREEN

- ☐ **I DO** wish my child to have access to the sunscreen lotion "Coles Personal Sunscreen SPF 30+" or "Ultra Protect 30+ SPF with Vitamin E" supplied.
- ☐ **I DO NOT** wish my child to have access to the sunscreen lotion.

LOCAL WALKING APPROVAL

- ☐ **I GIVE** approval for my child to participate in local excursions which involve walking to locations close to the school. I authorise the teacher in charge of these activities to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.
- ☐ **I DO NOT** give approval for my child to participate in any of the activities which involve walking to locations close to the school.

HEAD LICE

- ☐ **I GIVE** permission for my child to have his/her head checked by Health Officers from Monash Council.
- ☐ **I DO NOT** give permission for my child to have his/her head checked by Health Officers from Monash Council

PHOTO PERMISSION

*Photographs to be used in media publications, educational presentations, advertising or displays.
It is policy that photographers from media sources will record the **FIRST** names of the children but will **NOT** include surnames **UNLESS** otherwise authorised.*

- ☐ **I GIVE** permission for my child's image and/or voice recording to be used, should the occasion arise and have his/her first name attached to the image. I understand any image/voice recording may be reproduced, published or broadcast by Mt Waverley Primary School and persons authorised for school purposes **ONLY**.
- ☐ **I DO NOT** give permission for my child's image and/or voice recording to be used.

Parent/Guardian Signature: _____

Date: / / 2012